

# FOD Pen Pal Program

Would your child be interested in making a new friend and getting to know another child like him/herself? **Why not sign them up for the FOD Pen Pal Program.** What a great way for them to share how they feel about their FOD. If your child is interested please fill out the information below. Parents, **please don't forget to sign** the permission slip and either fax it or mail it to the number below.

Child's Name \_\_\_\_\_ Age/Grade \_\_\_\_\_

Specific FOD \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

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## FOD PEN PAL PROGRAM PERMISSION FORM

I, \_\_\_\_\_ (parent/guardian) give my permission for \_\_\_\_\_ (child's name and disorder) to participate in the FOD Pen Pal Program. I understand that it is my (parent/guardian) responsibility to supervise my child's contact with another FOD child and not the responsibility of the FOD Family Support Group.

Date \_\_\_\_\_ Email address \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Address \_\_\_\_\_

Phone/Fax \_\_\_\_\_

### \*Please mail this permission slip to:

Kelly Madej, 16136 Carlow Circle, Manhattan, IL 60442

\*If you have questions about the FOD Pen Pal Program please **email Kelly** at: **yadmad@sbcglobal.net** or **call** 815-478-7970